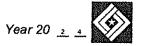
OSHA's Form 300A (Rev. 01/2004)



Form approved OMB no. 1218-0176

U.S. Department of Labor

Occupational Safety and Health Administration

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related kilurios or litnesses occurred during the year. Remember to review the Log to verify that the ontries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Gas	es	and the second		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases (J)	
Number of Day		W.	(9)	
Total number of day	job —	al number of days of transfer or restriction 58 (L)		
Injury and Illnes Total number of (M)	ss./ypes			
l) Injuries	6	(4) Poisonings	0	
2) Skin disorders 3) Respiratory conditio	its c	(5) Hearing Loss (6) All other illnesse	cs o	

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.

Your e	establishment	84038520-52800 1105PITAL-ROS	1 ST. ROSE DOI E DE LIMA	MNICAN
Street	102 E. LAKE MEAD	PARKWAY		
City	HENDERSON	Si	nic <u>NV</u> Z	p 89015-5575
Industr	y description (e.g., A	Annifocture of meto	r truck trailers)	
	General Medical are	I Surgical Hospitals		
Standar	d Industrial Classifi	cution (SIC), if know	en (e.g., SIC 17)	Ŋ
OR				
North A	merican Industrial (Classification (NAIC	S), if known (e.	g., 336212)
	6 2 2		<u> </u>	
Empl Vorksh	oyment Infor set on back of this po	mation(If you d age to continue)	m't have these f	gures, see the
	average number of c	mployees	141	
\nnual	aretogo tumboci ot c			
	urs worked by all er	mployees last year	245,13	8
Total ho	urs worked by all er	mployees last year	245,13	8
Fotal ho	urs worked by all er	mployees last year		
Fotal ho Sign Know	urs worked by all er here ingly falsifying		it may resu	it in a fine.
Sign Cnow	there ingly falsifying	g this documer	it may resu	it in a fine.